



... Lend Me Your Ears

By Cory Soal
R.H.A.D.

LOSS OF HEARING DUE TO NON-AGING FACTORS

Hearing loss due to aging can be compounded by other things. A few of these include noise exposure, disease and ear infections.

Hearing loss due to age and noise are cumulative. That is, hearing loss from noise exposure will be added on to hearing loss due to aging. Neither are medically correctable. There is something to be said for protecting the hearing we have left by wearing hearing protectors while doing shop work or target shooting.

Each of us reacts differently to hearing loss. We may totally or partially deny that a problem exists. Typical "denial" statements are "you're mumbling again", or "I was not paying attention" and can be a way of concealing hearing difficulties.

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NEWS

OMA president says doctors must talk about STIs with seniors

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ple over the age of 65 is a wide swath, with multiple generations in that group.

Culturally, she says there are different expectations and ideologies between people in their 60s and 80s, they've lived through massive cultural shifts in terms of the sexual revolution, acceptance of homosexuality and even women's empowerment.

"It's a generation that by and large missed out on really well-developed sex-ed campaigns," she said.

In the IFP survey, nearly 38 per cent of respondents said they would not wear a condom if engaging in sex with a new partner.

She says that there are also shifts happening in regard to expectations about sexuality, and a risk of replacing the old stereotypes with new that oversexualize the aging experi-

ence.

She says that a large population are regularly sexually active into their 80s and 90.

"Being sexually active includes a whole range of sexual activities," she said. "It's not all vanilla. Older people have vaginal intercourse, anal intercourse, oral sex, masturbation, engaging in fantasies, sometimes sexual touching ... that can include a whole range of things."

She says that while there is a decline in sexual activity in old age, there are many factors at play, one being a lack of a partner.

In the survey handed out to seniors in Halton Hills, 22 per cent of respondents noted that they faced social barriers to engaging in sex, some pencilling in a joking "I wish" to the side of the question about whether they were sexually active. An additional 12.5 per cent said they faced physical barriers.

"There's lack of privacy depending on where an older person is living," Marshall said, explaining that age is a poor predictor of one's sexual activity, that mental and physical health play a role, as well as attitudes toward sexuality.

"There's a pretty big disconnect between what they're doing and what the health system thinks they're doing," said Marshall.

"Only a minority of seniors talk about sex with their physicians."

She says this is largely because physicians are making these same assumptions about seniors and sexual health, assuming that the majority are not sexually active.

"We know that there's fairly low levels of testing for STIs in older people, because there's these assumptions that ... that can't be it."

She says that within this demographic, there's lower levels

of condom use, because the predominant mindset is 'well, I can't get pregnant now anyway.'

In addition, she says that post-menopausal women are at a higher risk for infection because of the thinning of their vaginal tissue.

"That can increase susceptibility for something like HIV," she said.

She says that there needs to be more research in how elderly negotiate having safe sex with a partner, or how they deal with physical changes.

And when it comes to the medical profession, Marshall says doctors in med school need to learn a more holistic approach to aging and understanding how sex changes for patients as they age.

"It's important to get this down to practitioner levels," she said. "So that we get more doctors asking patients about their sex lives."

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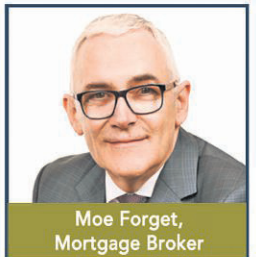
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